



CITY OF LINCOLN
NEBRASKA

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492

LINCOLN
The Community of Opportunity

MAYOR COLEEN J. SENG

www.ci.lincoln.ne.us

March 10th, 2004

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Ruby Tuesday, d.b.a. RT Omaha Franchise LLC, 2700 North Hill Road requesting that Michael Rice be approved as the manager of the Class I liquor license.

Background information on the applicant is as follows:

Michael Rice was born in Omaha, Nebraska. He attended the Kansas State University, Manhattan, Kansas graduating in 1995.

Michael Rice employment history is as follows:

1999 - Present	Manager, Ruby Tuesday	Lincoln, NE.
1998 - 1999	Part Owner, Out of Bounds	Manhattan, KS
1992 - 1998	Manager, Applebee's	Manhattan, KS

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) Ruby Tuesday

☒ Manager ☒ Owner ☐ Other

Name: Michael Rice

US Citizen? ☒ Yes ☐ No

Has applicant ever been cited for liquor law violations? ☐ No ☒ Yes

Explain 1997 SERVED A MINOR / KANSAS

Does applicant have an interest in another liquor license? ☒ No ☐ Yes

Explain _____

Is spouse qualified to hold a license? Yes ☒ No ☐ N/A

How is applicant if not an owner to be paid? ☒ Salary ☐ Hourly

How many hours will applicant be at the establishment? 55+

Any other employment? ☒ No ☐ Yes, explain _____

Any previous experience with a liquor license? ☒ Yes ☐ No

Any criminal convictions? ☒ No ☐ Yes

Comments _____

Is applicant a property owner in Lincoln? ☒ Yes ☐ No

Is applicant involved in any civil litigation? ☒ No ☐ Yes

Comments _____

☒ Photo ☒ Records Check ☒ References

Comments _____

Interview Date 3 / 10 / 04

STATE OF NEBRASKA



Mike Johanns
Governor

FILED
CITY CLERK'S OFFICE

'04 MAR 4 AM 11 21

CITY OF LINCOLN
NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION
Robert B. Rupe
Executive Director
301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814
TRS USER 800 833-7352 (ITY)
web address: <http://www.nlc.org/home/NLC/>

March 2, 2004

City Clerk
County/City Bldg
555 South 10th Street
Lincoln NE 68508

RE: Manager Application Submittal

Dear Sir/Madam:

The enclosed Application for Manager is being submitted by Ruby Tuesday DBA RT Omaha Franchise LLC located at 2700 North Hill Road, Lincoln, NE 68521 (Lancaster County) which holds a Class I License #54125 the applicant's name is Michael Rice.

Please present this application to your City/County Council and return to us the results of the action taken. If you have any questions or comments, please give me a call.

Sincerely,

A handwritten signature in cursive script that reads "Michelle Porter".

Michelle Porter
Licensing Division

Enclosure

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

RECEIVE

MAR - 2 2004

Application for Corporate Manager*Must Be A Nebraska Resident*
Please submit in TriplicateReturn to: Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571

Fax: (402) 471-2814

Web address: <http://www.nol.org/home/NLCC/>**NEBRASKA LIQUOR
CONTROL COMMISSION**

Required areas marked by a red asterisk (*)

LIQUOR LICENSE INFORMATION

Name of Licensed Corporation

RT OMAHA FRANCHISE, LLC. *

Class & License number

CLASS I - 54125 *

Trade Name of Licensed Premise

RUBY TUESDAY *

Street Address of Licensed Premise

2700 NORTH HILL ROAD *

City

LINCOLN *

County

LANCASTER *

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO:

DOUGLAS BRYAN DAIZE

APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden)

Rice, Michael, Keith *

Sex *

F

M

C

X

Social Security Number

[REDACTED] *

Date of Birth

[REDACTED] *

Place of Birth

Omaha, NE *

Home Street Address

2850 Kipling Circle *

City

Lincoln *

County

Lancaster *

State

NE *

Zip Code

68516 *

Home Telephone Number

(402) 328-8170 *

Business Telephone Number

(402) 477-7829 *

Drivers License Number

[REDACTED] *

State

NE *

Are You Married? * Yes ☒ No ☐ If Yes, You must complete the following:<http://www.ims.state.ne.us/LCCtemp/35-4013.html>

02/12/2004

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

Full Name (Last, First, Middle, Maiden)

Rile, Christine, Lynn, Ahlberg

Social Security Number

~~XXXXXXXXXX~~

Drivers License Number

~~XXXXXXXXXX~~

State

NE

Date of Birth

~~XXXXXXXXXX~~

Place of Birth

Clay Center, KS

* 1. **READ CAREFULLY.** Answer completely and accurately.

Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

Yes No

☒ ☐

* 2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

Yes No

☐ ☒

* 3. Have you or your spouse ever made a compromise settlement for violation of such laws?

Yes No

☐ ☒

* 4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?

Nebraska Liquor Control Act (§53-131.01)

Yes No

☒ ☐

* 5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

Yes No

☒ ☐

RESIDENCES SINCE AGE 18, APPLICANT AND SPOUSE MUST COMPLETE

Year
From To

Applicant: City & State
Lincoln, NE 1999 2004

Spouse: City & State
Lincoln, NE 1999 2004

Year
From To

Applicant: City & State
Manhattan, KS 1988 1998

Spouse: City & State
Play Center, Kansas 1993 1998

Year
From To

Applicant: City & State

Spouse: City & State

Year
From To

Applicant: City & State

Spouse: City & State

EMPLOYERS - LIST LAST TWO EMPLOYERS

Name of Employer
Ruby Tuesday

Name of Supervisor
Doug Daize

Year
From To
1999 Present

Telephone Number
(402) 477-9570

Name of Employer
Applebee's Grill + Bar

Name of Supervisor
Joe Armstrong

Year
From To
1992 1998

Telephone Number
(402) 421-2551

PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED

APPLICANT & SPOUSE

RECEIVED

MAR - 2 2004

STATE OF NEBRASKA)
) SS
COUNTY OF)

**NEBRASKA LIQUOR
CONTROL COMMISSION**
at the undersigned is the applicant

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, an affidavit may be attached, however, fingerprint cards are still required to be filed.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

Michael K. Kim

Signature of Applicant

Christa L. Rice


Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this
19th day of February, 2004

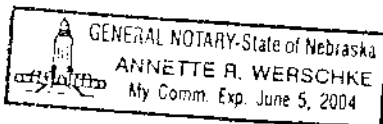
Subscribed in my presence and sworn to before me this
19th day of February, 2014

Annette J. Winkler
Notary Signature & Seal

Notary Signature & Seal


Notary Signature & Seal

Notary Signature & Seal



Verify and Print

